



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



November 16, 2011

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Smooth, 1644 'O' Street requesting a class C liquor license.

This location was previously known as Sidewinders which held a liquor license

Brandy Kroese, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Brandy Kroese was born in Lincoln, Nebraska. She attended Southeast Community College graduating in 2008.

Brandy Kroese employment history is as follows:

2011 - Present	Manager, Smooth	Lincoln, NE.
2010	Account Manager, Nelnet	Lincoln, NE.
2005 - 2009	Manager, Bath & Body Works	Lincoln, NE.
2001 - 2005	Customer Service, Pegler Sysco	Lincoln, NE.

The required training was completed on 10-13-2011.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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PREMISE INFORMATIONTrade Name (doing business as) SmoothStreet Address #1 1644 O StreetNEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2 _____

City LincolnCounty Lancaster #2Zip Code 68508Premise Telephone number (402)261-8432

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Kali Records, LLCStreet Address #1 3711 Faulkner Dr. #302

Street Address #2 _____

City LincolnState NEZip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*passport
voter reg*

Corporation/LLC information

✓ Name of Corporation/LLC: Kali Records, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

✓ Premise Trade Name/DBA: Smooth

Premise Street Address: 1644 O Street

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: (402)261-8432

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

✓ *Bronckwyn Jones*

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Kroese First Name: Brandy MI: L

Home Address (include PO Box if applicable): 3711 Faulkner Dr. #302

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: (402)202-4603 Business Phone Number: (402)261-8432

Social Security Number: _____ Drivers License Number & State: NE

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

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Spouse's information

NEBRASKA LIQUOR
CONTROL COMMISSION

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1981	Present			

*Of the United States,
to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



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NEBRASKA LIQUOR
CONTROL COMMISSION

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



Surname / Name

KROES

BRANDY LANE

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

... ..

NEBRASKA, U.S.A.

NEBRASKA, U.S.A.
Date of Issue / Date de Publication: 1991

2004-2008

Date of expiration: Date de expiration / Fecha de caducidad

19 Oct 2019

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

[illegible]

4617367077USA 4F19101973 9644069<403438

OK

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Jerrod P. Jaeger

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Kali Records, LLC

LLC Address: 3711 Faulkner Dr. #302

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: (402)202-4603

LLC Fax Number _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Kroese First Name: Brandy MI: L

Home Address: 3711 Faulkner Dr. #302 City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: (402)202-4603

Brandy L. Kroese
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

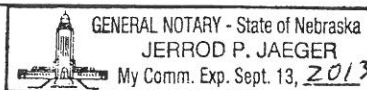
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

by Brandy L. Kroese
name of person acknowledge

Date

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Kroese First Name: Brandy MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____